

Fill in this information to identify the case:

Debtor 1 Robert McNair

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court **District of Oregon**Case number: **19-30102****FILED**U.S. Bankruptcy Court
District of Oregon

3/7/2019

Charlene M. Hiss, Clerk

Official Form 410**Proof of Claim****04/16**

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	Platte County Missouri Prop. Tax Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Platte County Missouri Prop. Tax Name Attn: Bankruptcy 415 Third Street Platte City, MO 64079 Contact phone <u>816-858-3356</u> Contact email _____	Name Contact phone _____ Contact email _____	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on _____ MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 5660	
7. How much is the claim?	\$ 2894.92	Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information. Tax	
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____	
	Basis for perfection: _____	
	Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)	
	Value of property:	\$ _____
	Amount of the claim that is secured:	\$ _____
	Amount of the claim that is unsecured:	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
	Amount necessary to cure any default as of the date of the petition:	\$ _____
	Annual Interest Rate (when case was filed)	% _____
	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Check all that apply:	Amount entitled to priority												
<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 30%;"> <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). </td> <td style="text-align: right; vertical-align: bottom;">\$ _____</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). </td> <td style="text-align: right; vertical-align: bottom;">\$ _____</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). </td> <td style="text-align: right; vertical-align: bottom;">\$ _____</td> </tr> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). </td> <td style="text-align: right; vertical-align: bottom;">\$ 2894.92</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). </td> <td style="text-align: right; vertical-align: bottom;">\$ _____</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies </td> <td style="text-align: right; vertical-align: bottom;">\$ _____</td> </tr> </table>			<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 2894.92	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
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* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.**

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 3/7/2019

MM / DD / YYYY

/s/ /s/Tom McAvity

Signature

Print the name of the person who is completing and signing this claim:

Name	<u>/s/Tom McAvity</u>		
Title	First name	Middle name	Last name
	<u>Attorney for Debtor</u>		
Company	<u>NW Debt Relief</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer <u>1312 Main St</u>		
	Number Street <u>Vancouver, WA 98660</u>		
Contact phone	City	State	ZIP Code
	<u>503-232-5303</u>		
	Email	<u>tom@nwrelief.com</u>	

Done

doc.pdf



PLATTE COUNTY TAX STATEMENT

2017 PERSONAL PROPERTY

**ACCOUNT#: 8 P 375660
TAX DISTRICT#: 13**



**MCNAIR, ROBERT SCOTT
8626 N MERSINGTON LN
KANSAS CITY MO 64156**

DELINQ YEARS:

Property Owned on January 1, 2017				
Year	Property Description	VIN Number	Assessed	Tax
2013	CHEVROLET SILVERADO 1500-SANIBEL CAMPFW 42' 42'	1GC3K0C88DF216366	5870	489.30
2016		5ZT3SN3B0GG702224	13250	1104.45
2013	ACURA TL SEDAN 4D TECHNOLOGY	19UUA9F53DA004065	6480	540.14
2015	MAZDA MAZDA3 SEDAN 4D I T	JM1BM1V79F1248114	4330	360.93
2008	FORD F350 SUPER DUTY-V8 S	1FTWX31R78EA69979	4800	400.11

Methods of Payment

- **Online** @ www.plattecountycollector.com
 - **By Mail** (Must be USPS postmarked by December 31st to avoid penalty and interest.) Checks must include name, address, telephone number and drivers license number. **Non-clearance of check(s) voids receipt(s).**
 - **Drop Box** 24 hrs./day 7 days/week
 - **In Person** Monday-Friday 8 a.m. - 5 p.m.
 - **By Phone** 1-800-652-0405 and follow prompts.
Use County Number 10 when prompted.
PIN for telephone payment: 11724290

Failure to receive a tax statement does not exempt you from paying taxes when due.

To avoid additional penalties and interest, find and correct all errors and omissions before December 31st.

RETURN BOTTOM PORTION KEEP TOP PORTION

PAID RECEIPT WILL BE RETURNED UPON PAYMENT

2017 PLATTE COUNTY PERSONAL PROPERTY STATEMENT



**MCNAIR, ROBERT SCOTT
8626 N MERSINGTON LN
KANSAS CITY MO 64156**

DELINQ YEARS:

**After December 31st, Pay With
Penalty and Interest as Follows:**

2017 TAX PAID IN 2018	
January	3,218.57
February	3,281.68
March	3,344.80
April	3,407.90

Pay this total prior to January 1, 2018 : 2,894.92